



THE CITY OF SAN DIEGO
BACKFLOW TEST FORM REQUEST

COMPLETE ONE FORM PER DEVICE

CUSTOMER INFORMATION		
CUSTOMER NAME _____		
MAILING ADDRESS _____		
PHONE# _____ CELL# _____ FAX# _____		
BACKFLOW INFORMATION		
<input type="checkbox"/> WATER METER CITY MTR# _____ DISTANCE FROM METER _____ FEET	<input type="checkbox"/> FIRE DEVICE WATER ACCT# _____	<input type="checkbox"/> ¾" FIRE DETECTOR WATER ACCT# _____
<input type="checkbox"/> REISSUE TEST FORM <input type="checkbox"/> NEW INSTALL <input type="checkbox"/> REPLACEMENT - REPLACES SERIAL# _____		
MANUFACTURER: _____	TYPE: <input type="checkbox"/> RP <input type="checkbox"/> RPDA <input type="checkbox"/> DC <input type="checkbox"/> DCDA	SIZE: _____
SERIAL#: _____	MODEL#: _____	
SITE ADDRESS & LOCATION _____		
INSTALLED PER CITY SPECIFICATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF NO, PLEASE DESCRIBE PROBLEM.</i>		
COMMENTS: _____		
TESTER INFORMATION		
COMPANY NAME _____ PH# _____ FAX# _____		
ADDRESS _____		
PRINT NAME _____ GAUGE# _____		
FOR CROSS-CONNECTION USE ONLY		
<input type="checkbox"/> FORM COMPLETE <input type="checkbox"/> FORM INCOMPLETE AND MAILED TO CUST. <input type="checkbox"/> APPROVED		
<input type="checkbox"/> DENIED, EXPLAIN _____		
ASSIGNED TO _____	INSPECTED AND VERIFIED BY _____	
FOR ASSISTANCE CONTACT JOYCE EDGE (619) 527-7404 Fax# (619) 533-3342 Mail address: 2797 Caminito Chollas San Diego, CA 92105 Attn: Joyce Edge		